

RONALD FANTOZZI

18 OF 18



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: Community Clinical Services
100 Campus Avenue, Suite 208
Lewiston, ME 04240
(207) 777-8974

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATTER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500685102-0001
THROUGH 500685102-0006.

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PROGRESS NOTE

Ronald Fantozi
D.O.B. [REDACTED] 62

April 16, 1999

SUBJECTIVE: Mr. Fantozi had originally been scheduled for a brief follow up visit, however, his chart had been inactive for three years. When he came to the session late, he was rescheduled for April 16th and that since he had been out of the practice for three years that we would need to do another psychiatric evaluation to update us on the last three years. He was due to be seen at 3:15 p.m. today, however, he was a no-show/no-call.

LB:mjh

Luke Ballenger, III, M.D.
Luke Ballenger, III, M.D.

500685.102.0001

PROGRESS NOTE

10/13/95 FANTOZZI, RONALD

States Serzone made him anxious, and he stopped it after about a week. He did not go up to the higher dose of 150 mg. He states he slept about 5 hours last night straight through. He still has initial insomnia. Energy level is about 70% of baseline. Appetite is about 70% of baseline. Denies any suicidal or homicidal ideation. Anxiety: He rates it on a scale of 100, with 100 being the maximum amount of anxiety. He states he's nervous over the smallest things. Denies any racing thoughts or grandiosity. Concentration is fair most of the time, but does have decreased concentration at other times. He states he takes Hydroxyzine on occasion, 10 mg and not the 25 mg which he was given a prescription for last time. He has not filled that prescription yet. He states that the Hydroxyzine does help with anxiety. He's had one major attack since his last visit and that was in the morning after he drank two mixed drinks the previous nights. His symptoms included shortness of breath, diaphoretic problems, tachycardia, and dizziness. These symptoms lasted for about 2 hours. He is strongly encouraged not to drink alcohol, since some of these symptoms could be withdrawal side effects. He states he's had minor attacks, mainly chest pain associated with them, but no other symptoms. These can occur several times per day, and usually will last a few minutes, however, he still has background anxiety.

ASSESSMENT: Patient is still anxious and has difficulty with side effects from medicine.

PLAN:

1. Continue Hydroxyzine prn.
2. I discussed with the patient the possibility of using Trazodone at bedtime for sleep. He was informed that this is somewhat similar to Serzone. He was also warned about the potential sedating effects of the medicine, no driving while on it, as well as to be careful with sudden changes in position. He was given Rx for Trazodone, 50 mg PO at hs prn insomnia, 30 tabs prescribed. Follow up with me in 4 weeks.

LB/sb



LUKE BALLINGER, M.D.

PROGRESS NOTE

9/25/95 FANTOZZI, RONALD

The patient was seen today. I previously had a phone conversation with Mrs. Fantozzi in mid September in regards to his panic attacks. At that point, I had okayed the patient taking two Vistarils, 10 mg tabs. Today, he states he's had two major panic attacks since my initial visit with him on 9/7. He took Xanax once with fairly prompt relief. He quit taking Desipramine because of increasing anxiety. Also, Hydroxyzine did work but apparently slowly. He also complains of difficulty getting erections with Desipramine. Benefits and side effects of various antidepressants were discussed with him. He was informed that most of the psychotropic medications do have potential for sexual dysfunction. He states he is sleeping about 4 to 5 hours per night which is what he was sleeping previously. He has a good appetite, eating 3 meals per day. He has normal energy level. He has not missed work. Denies any suicidal or homicidal ideation. He has good self-esteem. No helplessness. No hopelessness. I discussed my concerns with the patient about being on a regular dose of Xanax because of potential for addiction, and the patient was agreeable to a trial of Serzone. Benefits and side effects were discussed with him on that medication. He was given 2-week sample supply of Serzone.

ASSESSMENT: Patient still has panic attacks but mainly appears to have minor panic attacks.

PLAN:

1. Serzone, 100 mg PO bid x7 days; increase to 150 mg PO bid. Given one week supply of the 100 mg tabs and one week supply of 150 mg tabs starter kit.
2. F/U with me in 2 weeks.

LB/sb

Luke Ballenger, M.D.
LUKE BALLINGER, M.D.

INITIAL PSYCHIATRIC EVALUATION

FANTOZZI, RONALD

DOB: [REDACTED] /62

9/7/95

IDENTIFICATION: The patient is a 33-year-old married white man with a chief complaint, "I was having anxiety attacks."

HISTORY OF PRESENTING ILLNESS: The patient has been having anxiety attacks for the past 3 years, however, they have been getting increasingly more severe in the last 2 or 3 months. He's now had six full anxiety attacks last month. These consist of tachycardia, numbness in the fingers, passing out without head trauma, diaphoretic palms, and headaches. These symptoms last anywhere from several minutes to a couple of hours. He has a history of generalized mild anxiety, but nonfocalized attacks and not as severe as the current ones. He has been working with organic solids at a plastics company and works with polyurethane plastics. He has a history of having colds, but now they have progressed to bronchitis with a productive cough. He denies any other acute stressors. The anxiety attacks in the past have been controlled by deep breathing, however, that is no longer efficacious. There is one recent event where OSHA came by his work place and made some recommendations, such as wearing steel toe safety shoes, as well as a couple of other safety recommendations, but these did not address any solvent hazards. He denies any suicidal ideation. Denies any history of attempts. Denies any homicidal ideation. Denies any crying spells. He's sleeping about 5 hours per night which has been low normal for him. He has middle insomnia, but no initial insomnia. He denies any concentration problem, decreased energy, or anhedonia. He has good self-esteem. He likes to go fishing. Denies any helplessness or hopelessness. He does have an intermittent appetite disturbance, but no weight loss. He denies any psychotic symptoms when asked. He denies a history of manic symptoms when asked. These anxiety attacks can occur at work, and he has to go to the office when he has an attack. He's not been to work this week except for very briefly on Tuesday. He admits to occasional alcohol usage, about one beer per month. He denies any OUI arrests. He denies any history of drug abuse.

PAST PSYCHIATRIC HISTORY: None. He's been on Xanax, 0.25 mg prn, and he was given a prescription for 10 of these several days ago. He has 8 of them left. He's been on Zoloft, 400 mg per day for about 2 days for his anxiety, but quit due to neck pain. That was 5 months ago.

(SEE NEXT SHEET)

FANTOZZI, RONALD
9/7/95
PAGE 2

PAST MEDICAL HISTORY: He has a history of recurrent bronchitis and Crohn's disease. He denies any history of hypertension, diabetes, epilepsy, hepatitis, or tuberculosis. He denies any head trauma. He has no known drug allergies.

CURRENT MEDICATIONS: Xanax .25 mg prn.

SURGERY: Partial colon resection of 1 1/2 feet and cholecystectomy.

FAMILY HISTORY: No history of psychiatric problems in the family. No suicides. No alcohol abuse. No drug abuse. No pulmonary problems in the family. No cancer. No myocardial infarctions. No diabetes mellitus.

SOCIAL HISTORY: He was born in New Britain, Ct. He moved with his family to Lewiston, Maine when he was quite young. He has a ninth grade education. He was nonspecific as to the reason why he stopped at that age. He did have to repeat the second grade. He went to work at about age 18. Apparently, he stayed at home for 2 to 3 years, doing odd jobs before he started a regular job. Denies having a GED. He's been married once to his current wife of 10 years. He has three children. He has a 12-year-old daughter by another woman prior to marrying his current wife whom he sees about once every other week. He has a 7-year-old boy and a 5-year-old daughter by his wife. He denies any history of abuse as a child. He denies any current legal problems. He was not raised in any particular church as a youngster, though he attends occasionally now. He lives in Lewiston with his wife and two children. His longest job has been for five years.

REVIEW OF SYSTEMS: Significant for diarrhea. He has migraine headaches on occasion, but denies any paresthesias outside of the anxiety attacks. Denies any urinary complaints or pulmonary complaints.

MENTAL STATUS EXAMINATION: He is alert and oriented to person and place but not time. He said it was August and could not state the date in 1996. His mood was "happy." His affect was blunted. His speech was normal rate, tone, and prosody. Behavior: Occasional fidgeting. He was dressed casually and had good eye contact. Thought processes were goal directed. Thought content: Not suicidal or homicidal. He had anxiety symptoms with

(SEE NEXT SHEET)

FANTOZZI, RONALD

9/7/95

PAGE 3

diaphoretic palms, tachycardia, and numbness in the fingers as well as headaches. He had middle insomnia, but denied any other symptoms of depression. Denied any manic symptoms or any psychotic symptoms. On cognitive examination, immediate recall was 3 objects out of 3 objects at 0 minutes; delayed recall was 3 objects out of 3 objects at 5 minutes. Short-term memory was fair for yesterday's events. Long-term memory was fair for life events. President recall was back to Mr. Carter with prompting. Proverbs: He had no response to people who live in glass houses should not throw stones. He was able to abstract to don't cry over split milk. Serial 3's were done at average speed with one mistake. Digit span was 7 numbers forward and 3 numbers in reverse.

IMPRESSION: This is a 33-year-old married man who has signs and symptoms of a panic disorder. He did admit to some agoraphobic symptoms with restriction in his going out because of his fear of having an attack in a crowded place. There appears to be no history of alcohol or drug abuse.

DIAGNOSES

Axis I: Panic disorder with agoraphobia.

Axis II: Deferred.

Axis III: Bronchitis.

Axis IV: Job stressors.

Axis V: Current GAF of 45/highest in past year 80.

PLAN:

1. Desipramine, 50 mg, 1 tab PO qhs x7. Then increase to 2 tabs PO qhs, 25 tabs prescribed. Patient was informed of benefits and side effects of Desipramine and possible sedation from it.
2. Hydroxyzine, 10 mg PO q6h prn anxiety, 40 tabs prescribed. Patient was informed of benefits and side effects of this medication, including the risk of drowsiness, and was urged to use caution with this while at work.
3. F/U in 2 weeks.

LB/sb

Luke Ballenger, M.D.
LUKE BALLenger, M.D.



STYLE OF CASE: Michael W. Harris, et al.
vs.
Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Ronald Fantozzi

FROM: Maine Medical Center
Health Information Management
(Medical Records Department)
22 Bramhall Street
Portland, ME 04102
(207) 871-0111

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
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Cincinnati, OH 45202

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THROUGH 500685034-0034.

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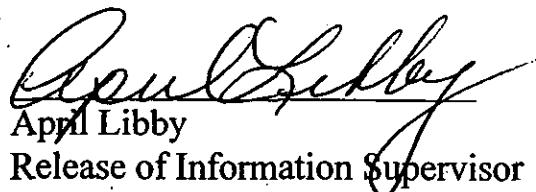


Maine Medical Center
CERTIFICATION

I, April Libby, do hereby certify that:

1. I am the Release of Information Supervisor for Maine Medical Center, 22 Bramhall St., Portland, Maine, a hospital licensed under the laws of the State of Maine.
2. I am the custodian of the records attached hereto.
3. The records attached hereto are true photostatic copies of ASU of 10/06/97. 34 pages are attached. The records attached are a complete and accurate copy of the following portions of the medical record: ASU.
4. The records were made at or near the time of the treatment provided to Ronald Fantozzi date of birth 04/16/62 by, or from information transmitted by, a person with knowledge of such treatment.
5. The records were kept in the course of the regularly conducted activity of Maine Medical Center.
6. The records were made by Maine Medical Center as a regular practice.

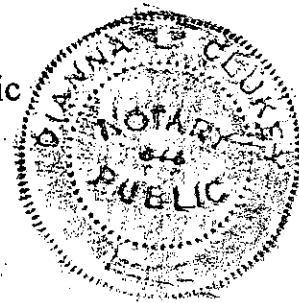
Dated at Portland, Maine this 29th day of August, 2003.


April Libby
Release of Information Supervisor

April Libby personally appeared before me August 29, 2003

Dianna L. Clukey Notary Public

Dianna L. Clukey, Notary Public
State of Maine
My Commission Expires 4/27/2006



ASU -5686
10/06/97 07:53MAINE MEDICAL CENTER
ADMISSION/DISCHARGE RECORD
FACE SHEET

(QBP\$P)

FANTOZZI RONALD M
40 POLAND RD

ASU-O ADM:10/06/97 07:53 043236330002

AUBURN ME 04210
SEX:M AGE:35 F/C:Q
MARITAL: M BORN: 1/62
RELIG:NPR
GUAR: FANTOZZI RONALD M
KIN: FANTOZZI DEBRA
2077823873 W
006542724(DATE) (ATTENDING PHYSICIAN) (SERV)
10/02/97 MAILHOT PAUL MD

PRINCIPAL DIAGNOSIS:

② Urinary Calculus

ASSOCIATED DIAGNOSES:

Gout: Disease

ALL COMPLICATIONS:

φ

ALL OPERATIVE PROCEDURES:

ESWL

RESULTS:
IMPROVED UNIMPROVED

DISCHARGE PHYSICIAN SIGNATURE

RESIDENT SIGNATURE

SERVICE APPROVAL SIGNATURE

FACESHEET - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312734 - ITEM:10082460 - ELEM:45591257 - FLAGS:IN	

500685.034.0001

ASU Maine Medical Center
Nursing Services
Ambulatory Surgical Unit
ADULT NURSING RECORD

Page 1 of 2

FANTOZZI RONALD M
04323630001 1/62 M N/P
MAILHOT PAUL MD DT: / /
SPM: TM: / /

Date: 10/6/97 Procedure: ESWLAnesthesia Type: General Spinal Local/MAC Epidural **POST-OP NURSING OBSERVATIONS**24-hr time: To OR _____ To PACU _____ To ASU 1135

Vital Signs	PRE-OP ADM	ON RETURN FROM OR	POSTOPERATIVE		
24-hr time:	<u>0800</u>	<u>1040</u>	<u>1135</u>	<u>1235</u>	
Temperature	<u>36.6</u>	<u>36.8</u>	<u>36.4</u>		
Blood Pressure	<u>138/74</u>	<u>100/70</u>	<u>100/60</u>		
Pulse	<u>80</u>	<u>91</u>	<u>66</u>	<u>88</u>	
Respirations	<u>20</u>	<u>20</u>	<u>22</u>	<u>23</u>	
	TOTAL 180 OR/R	<u>1025</u>	<u>97%</u>	<u>99%</u>	

Fluid Balance	24-hr time:	PO	IV	Urine Output	Emesis		TOTAL
	<u>0800</u>	<u>1040</u>	<u>1135</u>	<u>1235</u>			
		<u>—</u>	<u>—</u>	<u>200</u>	<u>480</u>		<u>680</u>
		<u>500</u>	<u>—</u>	<u>50</u>	<u>2</u>	<u>300</u>	<u>550</u>
		<u>—</u>	<u>—</u>	<u>1005</u>	<u>stools</u>	<u>400</u>	
		<u>—</u>	<u>—</u>	<u>—</u>	<u>8</u>	<u>8</u>	

IV Location: Direct - site 05 Solution/Rate: LR
Amount Carried Over: 500 Surgical Dressing: _____**ASSESSMENT OF DISCHARGE CRITERIA** KEY: 1 = Criteria Met 0 = Criteria Not Met

24-hr time:	<u>1040</u>	<u>1135</u>	<u>1235</u>				
Patient's vital signs are stable X one hour	<u>1</u>	<u>1</u>	<u>1</u>				
Patient has no significant bleeding/appropriate to procedure	<u>1</u>	<u>1</u>	<u>1</u>				
Patient rates discomfort at a level that can be managed at home	<u>1</u>	<u>0</u>	<u>1</u>				
Patient taking fluids with minimal or no nausea/vomiting	<u>1</u>	<u>1</u>	<u>1</u>				
Patient's mobility is appropriate for discharge	<u>0</u>	<u>1</u>	<u>1</u>				
Patient has voided or has no distention	<u>0</u>	<u>1</u>	<u>2</u>				
Patient/escort verbalizes understanding of discharge instructions	<u>0</u>	<u>1</u>	<u>1</u>				
Minimum discharge score needed: 7	<u>4</u>	<u>6</u>	<u>7</u>				
Totals	<u>10</u>	<u>11</u>	<u>12</u>				
Initials	<u>bal</u>	<u>bal</u>	<u>bal</u>				
Initials	<u>Signature</u>	<u>Initials</u>	<u>Signature</u>	<u>Initials</u>	<u>Signature</u>		
	<u>bal</u>	<u>bal</u>	<u>bal</u>				

Criteria met at 24-hr time: 1235 M.D. notified of score <7: —Discharged 24-hr time: 1235 If delay, why? — Name of responsible adult escort Debra - wifeWritten Discharge Instructions reviewed and given to patient/escort Copy in record Prescription(s) given to patient (please list) copaxonecopaxone
plaquet
strainer, continue for 6 weeksDebra - wife
Signature
R.N.

148681 * 1/94

AMBULATORY SURGERY REC*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312735 - ITEM:10082448 - ELEM:45591176 - FLAGS:IN	

500685.034.0002

ASU

Maine Medical Center
Nursing Services
Ambulatory Surgical Unit
ADULT NURSING RECORD

Page 2 of 2

FANTOZZI RONALD M ASU-0
043236330002 1/62 N NPR
MAILHOT PAUL MD DT: / /
SPM: TM: :

Key: H = HYGIENE

1. Self care/shower
2. Needs help to prepare
3. Needs help with bath
4. Needs complete care constant attention

N = NUTRITION

1. Self care/NPO
2. Needs help to prepare
3. Needs some help to eat
4. Needs constant attention to eat/tube feeding

AS - Modules

- 1. Up ad lib
- 2. Moves with one assist/accompany
- 3. Moves with 2 or more assist

BM = BOWEL MOVEMENT

148681 * 1/34

AMBULATORY SURGERY REC*T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312736 - ITEM:10082448 - ELEM:45591185 - FLAGS:IN	

500685.034.0003

MAINE MEDICAL CENTER
MEDICAL RECORD SERVICES

• HP

PREOPERATIVE HISTORY & PHYSICAL

MANTOS, RONALD

LOCATION: ASU
ADM:

CHIEF COMPLAINT: Left ureteral calculus.

HISTORY OF PRESENT ILLNESS: This is a 35-year-old white male with known Crohn's disease who was recently hospitalized at Central Maine Medical Center because of left renal colic. A 9-10 mm obstructing left ureteral calculus was noted just below the ureteropelvic junction. A double-J ureteral stent was inserted, and the patient is now being scheduled for ESWL.

PAST MEDICAL HISTORY: No known allergies, no tobacco history, and no alcohol intake. Medical problems include Crohn's disease and a history of hepatitis C. Past surgery includes abdominal surgery for small-bowel resections and a cholecystectomy.

CURRENT MEDICATIONS: Nasal spray, the name of which the patient does not recall.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Cardiovascular: Negative. Pulmonary: Negative. GI: Negative. Musculoskeletal: Negative. Central nervous system: Negative.

PHYSICAL EXAMINATION: A well-developed, well-nourished white male in no acute distress. The skin is warm and dry. The head, eyes, ears, nose and throat are normal. The neck is supple without masses. The lungs are clear to auscultation. The heart shows a regular heart rhythm without murmurs or gallops. There is fixed splitting of S1. Pulses are equal bilaterally. The abdomen is soft without obvious masses, visceromegaly or suprapubic fullness. The back reveals no costovertebral angle tenderness. The genitalia reveal a normal uncircumcised penis with normal testes bilaterally. Rectal examination reveals a normal prostate and no rectal masses. Extremities reveal no clubbing, cyanosis or edema. Lymph nodes - none are palpable. Neurological exam is nonfocal.

IMPRESSION: Left ureteral calculus.

TREATMENT PLAN: Extracorporeal shock-wave lithotripsy.

The procedure, alternatives, risks and possible complications including possible postoperative discomfort, hematuria, urinary

• HP

ORIGINAL

Page 1 of 2

HISTORY AND PHYSICAL - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMNR	REQ:536793 - DET:4312737 - ITEM:10082462 - ELEM:45591266 - FLAGS:IN	

500685.034.0004

MAINE MEDICAL CENTER
MEDICAL RECORD SERVICES

HP

PREOPERATIVE HISTORY & PHYSICAL

MANTOS, RONALD

LOCATION: ASU
ADM:

tract infection, possible renal injury or later development of hypertension have been explained to the patient.

DICTATED BY: PAUL R. MAILHOT, M.D.

PRM/caw - 181989

d: 10/03/97

t: 10/03/97

f:

cc: MICHAEL J. BOULANGER, M.D.

PAUL R. MAILHOT, M.D.

MMC PAU

PRELIMINARY REPORT UNTIL SIGNED BY ATTENDING PHYSICIAN

HP

ORIGINAL

Page 2 of 2

HISTORY AND PHYSICAL - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312738 - ITEM:10082462 - ELEM:45591278 - FLAGS:IN	

500685.034.0005

HP

Maine Medical Center

HISTORY AND EXAMINATION SHEET

Page 1 of 2

FANTOZZI RONALD M PAUB
 043236330001 62 M NPR
 MAILHOT PAUL MD DT: / /
 SPM: TM: :
 1

Date, 24-Hour Time

Information to Include: C.C., P.I., P.H., F.H., S.H., O.H., System Review, P.E.* and Signature

10/6/97

Brief of patient
 Present - 15 wks Gestational Calender
 Surgeon: Mailhot
 Hospital - Sebago
 Status - Good

Mailhot

*P.E. to include: head, neck, chest, abdomen, extremities, skin, cardiovascular, genitourinary, skeletal, neuromuscular systems, pelvic and rectal examinations.

HP 147010 6/96

PROGRESS NOTE*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	HNR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312739 - JITEM:10082491 - ELEM:45591505 - FLAGS:IN	

500685.034.0006



Signal Medical Services, Inc.

FANTOZZI RONALD M
043236330002 62 N HPR ASU-O
MAILHOT PAUL MD DT: / /
SPM: TN: / /

Mobile Lithotripsy Unit

Date: Monday October 6, 1997 ESWL Number: 863
 Hospital Mobile Site: Maine Medical Center
 Patient Name: Francesca F. F. M. Soc. Security No. 00 6542724
 Address: 40 Poland St. Auburn ME 04210 Phone: 207-782-3823
 Age: 35 Sex: M Height: 5'7" Weight: 147
 Attending Urologist: Mailhot Anesthesiologist: Wictor
 Treatment Side: Right Left Bilateral Ipsilateral (if bilateral or ipsilateral, complete a separate form for each stone)
 Condition: Colic disease Staged: _____ # _____ Retreatment: Tx#1

Anesthesia Type: General Spinal Epidural Local MAC
 Time: In Trailer 9:20 Out Trailer 10:35
 Anesthesia Started: 9:25 Anesthesia Ended: 10:35
 Total Anesthesia Time: 1
 ESWL Started: 9:30 ESWL Ended: 10:30 Total Procedure Time: 60
 Delays: YES NO If YES, reasons why: _____

Fluoroscopy Time: (minutes) 1.2 Number of Spot Films: _____ KV 121 MA 25

Stone <u>1</u>	Electrode # _____	<u>10</u>	shocks at <u>2</u>	kv <u>1</u> CGy x cm ²
Stone <u>1</u>	Electrode # _____	<u>10</u>	shocks at <u>4</u>	kv <u>1</u> CGy x cm ²
Stone <u>1</u>	Electrode # _____	<u>10</u>	shocks at <u>6</u>	kv <u>1</u> CGy x cm ²
Stone <u>1</u>	Electrode # _____	<u>10</u>	shocks at <u>8</u>	kv <u>1</u> CGy x cm ²
Stone <u>1</u>	Electrode # _____	<u>4,600</u>	shocks at <u>9</u>	kv <u>1</u> CGy x cm ²
Stone <u>1</u>	Electrode # _____	<u>2,500</u>	shocks at <u>7</u>	kv <u>1</u> CGy x cm ²

Total Number of shocks: 3,000
 Voltage: 2 Minimum 9 Maximum

*At frequently moving
many stops to
adjust anesthesia*

Ureteral Catheterization: Right Left Bilateral Percs? 0 Right 0 Left
 Stenosis? Right 0 Left ✓ Date of insertion: 9/9/97
 Swelling: None S M L Erythema: None S M L Entrance Petechiae: 0 Exit Petechiae: 0
 Hematuria: YES NO CLOTS Many Spurts

ESWL RENAL STONE LOCATIONS(S)

Classification: Right Left

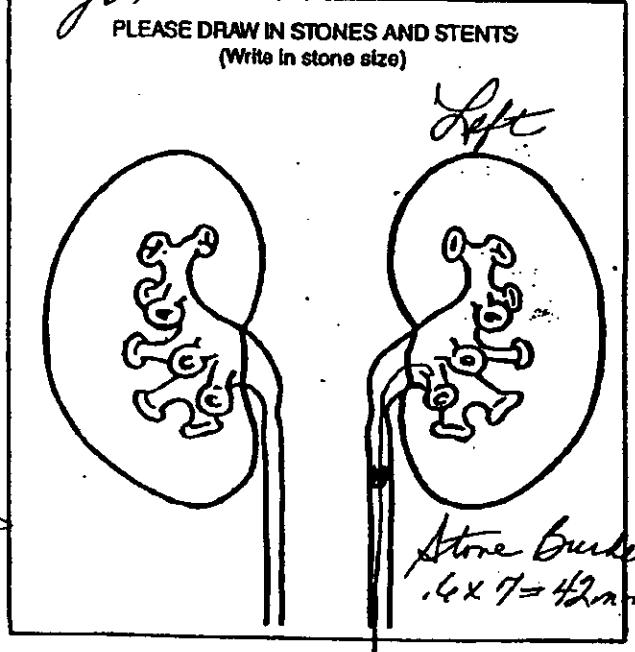
Pelvic _____
 Calyceal _____
 Ureteral ✓
 Upper ✓
 Middle _____
 Lower _____
 Stone Composition _____
 Maximum Stone Length & Width _____
 Associated Anatomic Abnormalities: _____

Complications: _____

Comments: _____

Physician Signature: Paul Mailhot

PLEASE DRAW IN STONES AND STENTS
(Write in stone size)



OPERATIVE REPORT - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312740 - ITEM:10082479 - ELEM:45591434 - FLAGS:IN	

500685.034.0007

MAINE MEDICAL CENTER

10-7-97 11:08am p. 1 of 1

OR

MAINE MEDICAL CENTER
MEDICAL RECORD SERVICES
OPERATIVE REPORTFANTOZZI, RONALD
043236330002
0432-36-33LOC: ASU
DATE: 10/06/97

SURGEON: PAUL R. MAILHOT, M.D.

CO-SURGEON:

ASSISTANT:

ANESTHESIA:

PREOPERATIVE DIAGNOSIS: Left upper ureteral calculus.

POSTOPERATIVE DIAGNOSIS: Same.

NAME OF PROCEDURE: Extracorporeal shock-wave lithotripsy.

After adequate sedation, ESWL was commenced, but it was noted that the patient could not tolerate a maximum of power, and that he required a great deal of sedation and a propofol drip in order to control his involuntary movements. A total of 3000 shock waves were administered at a power of 7. A fluoroscopy time of 1.2 minutes was utilized during the procedure. There were minimal cutaneous changes and the patient tolerated the procedure well and without complications. Gentamicin 80 mg was administered intravenously intraoperatively. The patient left the lithotriptor suite to go directly to ASU.

The treatment plan is to maintain Cipro prophylaxis while the patient has an indwelling stent, Percocet as needed for pain, and office evaluation with x-ray in one week.

DICTATED BY: PAUL R. MAILHOT, M.D.

*Paul R. Mailhot, M.D.*PRM/caw - 182553
d: 10/06/97

t: 10/07/97

cc:

MICHAEL J. BOULANGER, M.D.
PAUL R. MAILHOT, M.D.

PRELIMINARY REPORT UNTIL SIGNED BY ATTENDING PHYSICIAN

Page 1 of 1

CC TO: PAUL R. MAILHOT, M.D.

OPERATIVE REPORT - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312741 - ITEM:10082479 - ELEM:45591443 - FLAGS:IN	

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ANES

Maine Medical Center
Anesthesia Record

Page 1 of 4

Rongld.

FANTOZZI RONALD M PAUB
04323633001 62 M NRP
MAILHOT PAUL MD DT: / /
SPM: TM: :

INTERVIEW DATE <u>10-6-97</u>		ASA PHYSICAL STATUS <u>1 (2) 3 4 5 6 E</u>		ANESTHESIA PERMIT <u>YES <input type="checkbox"/> NO <input type="checkbox"/></u>		LAST SOLIDS <u>4-5-92 2100</u>	LAST LIQUIDS <u>4-6-92 2100</u>	OR # <u>2 SWAL</u>	24-HR TIME: <u></u>	
PROPOSED OPERATION										
MEDICAL HISTORY <u>234/1000000000</u>										
<p style="text-align: center;">PMH: (1) gasterectomy 3m ago (2) cricothyroid</p>										
SURGICAL/ANESTHESIA HISTORY <u>9/97 STENT - gasterectomy, 89 chole-ctomy - done</u> <u>'88 bariatricectomy - done</u>										
MEDICATIONS <u>o</u>										
ALLERGIES <u>o hayfever</u>										
CARDIOVASCULAR <u>CVA</u>										
RESPIRATORY gasterectomy 3m ago (postop) osthm GWT										
AIRWAY Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <u>met</u> <u>branded</u> Expect intubation to be: <input checked="" type="checkbox"/> Easy <input type="checkbox"/> Difficult										
RENAL/METABOLIC <u>litthiasis - no history of albumin; oliguria; edema. Ovary, thyroid</u> OTHER <u>engulf</u> <u>osthma</u>										
BP <u>130/74</u>	PULSE <u>90</u>	RESP <u>20</u>	TEMP <u>36</u>	MASS <u>kg 6</u>	Hgb/Hct <u>14.8/42.8</u>	O ₂ SAT <u></u>	ABG <u>FiO₂</u>	P _{O₂} <u>86</u>	P _{CO₂} <u>31</u>	pH <u>7.38</u>
Chemistry: Na <u>140</u> K <u>4.5</u> Cl <u>103</u> CO ₂ <u>31</u> BUN <u>16</u> Cr <u>0.7</u> BS <u>31</u>										
ECG <u>met 73, 32</u> Xray <u>o</u>										
Other										
Other										
Preoperative Management				Patient Agrees To: <input checked="" type="checkbox"/> GENERAL <u>branded</u> <input type="checkbox"/> SPINAL <input type="checkbox"/> EPIDURAL <input type="checkbox"/> BLOCK <input type="checkbox"/> MAC			Postop Pain Management <input type="checkbox"/> EPIDURAL <input type="checkbox"/> CAUDAL <input type="checkbox"/> BLOCK <input type="checkbox"/> PCA <input type="checkbox"/> OTHER			
COMMENTS: <u>assume of risks and complications and accept MAC, general</u>										
RESIDENT M.D. <u>Locust</u>					ATTENDING M.D. <u>Locust</u>					

147052 5/94

ANESTHESIA RECORD*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312742 - ITEM:10082444 - ELEM:45591152 - FLAGS:IN	

500685.034.0009

ANES

Maine Medical Center
Anesthesia Record

Page 2 of 4

PATIENT NAME LABEL

PERIPHERAL IV'S	LOCATION/COMMENTS: <i>20 0 arm</i>																																																														
CENTRAL LINE/PA CATHETER	LOCATION/COMMENTS:																																																														
ARTERIAL LINE	LOCATION/COMMENTS:																																																														
CHECKLIST: <input checked="" type="checkbox"/> Machine # <i>76</i> <input type="checkbox"/> Gas Supply <input type="checkbox"/> Suction <input type="checkbox"/> Patient ID / PT. PROTECTION: EYES: <input type="checkbox"/> tape <input type="checkbox"/> lube <input type="checkbox"/> pad ARM POSITION: R Out/in <i>L Out/in</i> PADDING:		BASIC MONITORS: <input type="checkbox"/> BP Cuff Auto/Manual <input checked="" type="checkbox"/> Loc: RA LA RL LL <input checked="" type="checkbox"/> ECG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> O ₂ Meter <input type="checkbox"/> Vent Alarm <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> Chest/Esoph Stetho		TEMPERATURE: <input type="checkbox"/> Axillary <input type="checkbox"/> Oral <input type="checkbox"/> Skin <input type="checkbox"/> HME/Humid. <input type="checkbox"/> Wm Fluid		OTHER MONITORS: <input type="checkbox"/> Nasal <input type="checkbox"/> Rectal <input type="checkbox"/> PA Cath <input type="checkbox"/> Wm Blanket <input type="checkbox"/> Wm Fluid																																																									
AIRWAY: <input type="checkbox"/> Mask <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Soft Block <input type="checkbox"/> LMA		ENDO TUBE: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Trach Size _____ mm Distance of teeth _____ cm Blade: # _____ <input type="checkbox"/> Mac <input type="checkbox"/> Miller <input type="checkbox"/> Stylet		TECHNIQUE: <input type="checkbox"/> Direct <input type="checkbox"/> Blind <input type="checkbox"/> Fiberoptic <input type="checkbox"/> RSI		BREATHING SYSTEM: <input type="checkbox"/> Circle <input type="checkbox"/> Adult <input type="checkbox"/> Ped <input type="checkbox"/> Mapleson <input type="checkbox"/> Bain <input checked="" type="checkbox"/> Oxygen FM/Trachea <input type="checkbox"/> Room Air																																																									
AIRWAY COMMENTS:																																																															
REGIONAL TECHNIQUES: TYPE _____				EVENTS/REMARKS: <i>b - to 79% oxygen saturation induction of gases, beginning of procedure (bain)</i>																																																											
PATIENT POSITION _____																																																															
SKIN PREP _____																																																															
SITE/INTERSPACE _____																																																															
NEEDLE _____																																																															
CATHETER: Advanced _____ cm <input type="checkbox"/> Removed Intact Date/24-Hr Time _____ Initials _____																																																															
PARESTHESIA: <input type="checkbox"/> None <input type="checkbox"/> Transient <input type="checkbox"/> Insertion <input type="checkbox"/> Injection																																																															
TEST DOSE _____																																																															
DRUG/DOSE _____																																																															
DRESSING _____ Comments _____				ABGS/Intraop Chems <table border="1"> <thead> <tr> <th>24-Hr Time</th> <th>FiO₂</th> <th>pH</th> <th>pCO₂</th> <th>HCO₃</th> <th>pO₂</th> <th>Other</th> <th>Other</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		24-Hr Time	FiO ₂	pH	pCO ₂	HCO ₃	pO ₂	Other	Other																																																		
24-Hr Time	FiO ₂	pH	pCO ₂	HCO ₃	pO ₂	Other	Other																																																								

147052 5/94

ANESTHESIA RECORD RT - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR# 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312743 - ITEM:10082444 - ELEM:45591159 - FLAGS:IN	

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ANES

Maine Medical Center
Anesthesia Record
Page 3 of 4

FANTOZZI RONALD M PAUB
043236330001 /62 M NPR
MAILHOT PAUL MD DT: / /
SPN: TW: : SEL

147052 5/84

ANESTHESIA RECORD⁴T - Page 3 Maine Medical Center Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M MR# : 04323633 Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR REQ:536793 - DET:4312744 - ITEM:10082444 - ELEM:45591162 - FLAGS:IN

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ANES

Maine Medical Center
Anesthesia Record

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PATIENT NAME LABEL

PACU Admission Note

Date 10/6/97 24-Hr Time 1040

BP 110/65 PULSE 66 RESP O₂ SAT 99% O₂ □ NP □ FM PA -- CVP -- PCWP -- LAP --

 TEMP °C EBL FLUIDS: CRYSTALLOID COLLOID BLOOD OTHER URINE

 AIRWAY COMMENTS: steady, stable, to ICU from OR

PACU/Postoperative Notes:

1 SIGNATURE

147052 5/94

ANESTHESIA RECORD AT - Page 4	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312745 - ITEM:10082444 - ELEM:45591167 - FLAGS:IN	

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OR 50

MAINE MEDICAL CENTER
Operating Room Record
Page 1 of 3

SEX	FANTOZZI RONALD M ASU-O		
043236330002		62 M NPR	
NAILHOT PAUL MD		DT: / /	
SPN: _____		TH: / /	
PROCEDURE DATE	OR ROOM NO.	SCHEDULED DATES	24 EST TIME
10/06/97	1030	NO	0945
CPT CODES			

PROCEDURE:
Principal

Left Ear surgery ERAL # 50590.

Additional:

ALLERGIES/REACTIONS NKA

ROOM OPEN	PREOP	ENTER ROOM	PHYSICIAN AVAIL	PROC START	INCISION	CLOSURE	PROC STOP	LEFT ROOM	CLEANUP	EXPIRED TIME
0945	/	0920	0820	0920	/	/	1030	1035	1040	/

IF REQUIRED

RECEIVED FROM

IDENTIFIED BY

VERBAL

BAND

<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> HEARING
<input type="checkbox"/> DENTURES	<input type="checkbox"/> VALUABLES	<input type="checkbox"/> SIGHT
<input type="checkbox"/> EYEGLASSES / LENSES	<input type="checkbox"/> DISPOSITION	<input type="checkbox"/> MEMORY
<input type="checkbox"/> HEARING AID	<input type="checkbox"/> REMOVABLE PROSTHESES	<input type="checkbox"/> MUSCULOSKELETAL
<input type="checkbox"/> _____		

PRE-OP DX

Left Ear surgery

POST-OP DX

Same

ANES TYPE	ASA #	ANESTHESIOLOGIST	RESIDENT ANESTHESIOLOGIST	CRNA
loc mac	1	D. Murray		D. murray

ATTENDING PHYSICIAN

P. Nailhot MD

ASSISTANT

RESIDENT

SCRUB PERSON(S)	RELIEF
-----------------	--------

CIRCULATING NURSE(S)

D. Murray

RELIEF

CELL SAVER / LASER / PERfusionIST / CVAT	OTHER
--	-------

10/06/97

10/06/97

NRSG DX	
---------	--

Anxiety related to impending surgery, procedure, possible findings and anesthesia

PLAN / INTERVENTIONS

ARRIVAL STATUS	EMOTIONAL STATUS	SUPPORTIVE
----------------	------------------	------------

Awake	<input checked="" type="checkbox"/> Exhibits anxiety / fear	<input checked="" type="checkbox"/> REASSURANCE GIVEN
-------	---	---

Responds to stimulus	<input type="checkbox"/>	<input type="checkbox"/> N
----------------------	--------------------------	----------------------------

Nonresponsive	<input type="checkbox"/>	<input type="checkbox"/> Y
---------------	--------------------------	----------------------------

Intubated	<input type="checkbox"/>	<input type="checkbox"/> N
-----------	--------------------------	----------------------------

Pre-medicated	<input type="checkbox"/>	<input type="checkbox"/> Unable to assess
---------------	--------------------------	---

OUTCOME MET <input checked="" type="checkbox"/>	NOT MET <input type="checkbox"/>
---	----------------------------------

NRSG DX

High risk for alteration in skin integrity related to prior risk factors, prep solutions, or pre-op shave

PLAN / INTERVENTIONS

BRADEN SCALE #	<input checked="" type="checkbox"/> Not Available	SKIN PREPARATION
----------------	---	------------------

Inspect skin integrity	PREOP POSTOP COMMENTS:	<input checked="" type="checkbox"/> N/A
------------------------	------------------------	---

Warm	<input checked="" type="checkbox"/>	<input type="checkbox"/> Prior OR
------	-------------------------------------	-----------------------------------

Cool	<input type="checkbox"/>	<input type="checkbox"/> In OR
------	--------------------------	--------------------------------

Dry	<input checked="" type="checkbox"/>	<input type="checkbox"/> By
-----	-------------------------------------	-----------------------------

Moist	<input type="checkbox"/>	<input type="checkbox"/> Clipper
-------	--------------------------	----------------------------------

Intact	<input checked="" type="checkbox"/>	<input type="checkbox"/> Nicks/Cuts
--------	-------------------------------------	-------------------------------------

Other	<input type="checkbox"/>	Reactions:
-------	--------------------------	------------

Other	<input type="checkbox"/>	<input type="checkbox"/> Iodophor Scrub
-------	--------------------------	---

Other	<input type="checkbox"/>	<input type="checkbox"/> Duraprep
-------	--------------------------	-----------------------------------

Other	<input type="checkbox"/>	<input type="checkbox"/> Dunprep
-------	--------------------------	----------------------------------

Other	<input type="checkbox"/>	<input type="checkbox"/> Remover
-------	--------------------------	----------------------------------

Other	<input type="checkbox"/>	<input type="checkbox"/> Hibidens
-------	--------------------------	-----------------------------------

Other	<input type="checkbox"/>	<input type="checkbox"/> Other
-------	--------------------------	--------------------------------

Skin reaction @ grounding pad site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
------------------------------------	------------------------------	-----------------------------	---

Prep by	<i>Mac</i>		
---------	------------	--	--

440416 (REV. 6/97)			
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OR 50

OPERATING ROOM FORM 50*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312746 - ITEM:10082482 - ELEM:45591456 - FLAGS:IN	

500685.034.0013

OR 50

MAINE MEDICAL CENTER
Operating Room Record
Page 2 of 3

SE	FANTOZZI RONALD M 043236330002	ASU-0 62 M NPR
	MAILHOT PAUL MD	DT: / /
	SPM: _____	TN: _____
PROCEDURE DATE	OR ROOM NO	SCHEDULED TIME
10/06/97	6001	24 HR 09:45 EST TIME

NRSG DX		PLAN / INTERVENTIONS	
High risk for injury related to intraoperative hazards		SAFETY STRAP: <input type="checkbox"/> In place <input type="checkbox"/> Preop / Postop <input checked="" type="checkbox"/> N/A	
EXPECTED OUTCOMES		POSITIONING / PROTECTIVE DEVICES	
Patient will be free from injury related to positioning, electrical or physical hazards. Patient remains free from injury related to the intraoperative experience		POSITIONING <input checked="" type="checkbox"/> Supine <input type="checkbox"/> Lithotomy <input type="checkbox"/> Lateral <input type="checkbox"/> L <input type="checkbox"/> R Side up <input type="checkbox"/> Prone <input type="checkbox"/> Sitting <input type="checkbox"/> Table <i>still</i> <input type="checkbox"/> <input type="checkbox"/> HEAD <input type="checkbox"/> Foam Headrest <input type="checkbox"/> Donut <input checked="" type="checkbox"/> Pillow <input type="checkbox"/> Mayfield	TRUNK <input type="checkbox"/> Beanbag <input type="checkbox"/> Axillary roll <input type="checkbox"/> Shoulder roll <input type="checkbox"/> Hip roll <input type="checkbox"/> Chest roll <input type="checkbox"/> Univ-hip pos <input type="checkbox"/> Wilson Frame <input type="checkbox"/> <input type="checkbox"/> ARMS <input type="checkbox"/> L R <input type="checkbox"/> Secured at side <input type="checkbox"/> Armboard: <input type="checkbox"/> Extended <input checked="" type="checkbox"/> At side <input type="checkbox"/> <input type="checkbox"/> LEGS <input type="checkbox"/> L R <input type="checkbox"/> Stirrups <input type="checkbox"/> Pillow under leg <input type="checkbox"/> Knee positioner <input type="checkbox"/> <input type="checkbox"/> PADDING <input type="checkbox"/> L R <input checked="" type="checkbox"/> Arm pad <input type="checkbox"/> Elbow pad <input type="checkbox"/> Knee pad <input type="checkbox"/> Heel pad or boot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eggcrate mattress <input type="checkbox"/> Gel mattress pad <input type="checkbox"/> Foam pad <input type="checkbox"/> Gel pad <input type="checkbox"/> Pillow <input type="checkbox"/> Sheepskin
OUTCOME MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>		REPOSITIONED <i>10:00</i> <input type="checkbox"/> No	

COUNTS	Circulator	Scrub	Sponge		Sharps	
OPENING			Correct	Incorrect	Correct	Incorrect
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physician informed of count results <i>sl</i>			<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	
ELECTROSURGICAL UNIT <input type="checkbox"/> N/A		LASER <input type="checkbox"/> N/A	TOURNIQUET <input type="checkbox"/> N/A		DEFIBRILLATOR <input type="checkbox"/> N/A	
MONOPOLAR Unit # _____		Type _____	<input type="checkbox"/> Pneumatic <input type="checkbox"/> Other Unit # _____		Applied by _____	
BIPOLAR Unit # _____		User Minutes _____	Setting _____ Location _____		INTERMITTENT COMP DEVICE <input type="checkbox"/> N/A	
OTHER Unit # _____		Grounding Pad Site _____	TIME(S) <input type="checkbox"/> INFLATION <input type="checkbox"/> DEFILATION	Unit # _____		
Applied By _____		Setting _____	Location _____	Applied by _____		
ESU Pad Lot# _____		<input type="checkbox"/> Foreign Body <input type="checkbox"/> Fx Reduction <input checked="" type="checkbox"/> Usage <input type="checkbox"/> Location	TIME(S) <input type="checkbox"/> INFLATION <input type="checkbox"/> DEFILATION	Unit # _____		
ESU Pencil Lot# _____		<input type="checkbox"/>	<input type="checkbox"/>	Applied by _____		

NRSG DX		PLAN / INTERVENTIONS	
High risk for Alteration in Body Temperature related to OR Environment, skin exposure, and open wounds.		ASSESS SKIN TEMP @ beginning of case. Cold <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Hot <input type="checkbox"/>	
EXPECTED OUTCOMES		<input type="checkbox"/> Warming Blanket on bed Set at _____ degrees Celsius <input type="checkbox"/> N/A <input type="checkbox"/> Body Temp monitored <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Warm blankets applied <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wet / constrictive clothing removed <input type="checkbox"/> N/A <input type="checkbox"/> Metal / plastic surfaces that come in contact with patient covered <input type="checkbox"/> N/A <input checked="" type="checkbox"/> IV fluids / irrigations prewarmed <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Room temperature monitored <input type="checkbox"/> Standard <input type="checkbox"/> <65° <input type="checkbox"/> >72° <input type="checkbox"/> N/A	
OUTCOME MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>			

NRSG DX		PLAN / INTERVENTIONS	
High risk for fluid volume deficit related to NPO status, loss of body fluids.		URINARY CATHETERIZATION <input type="checkbox"/> N/A <input type="checkbox"/> Inserted prior to OR <input type="checkbox"/> Inserted in OR by _____	
EXPECTED OUTCOMES		<input type="checkbox"/> Straight Type _____ Size _____ <input type="checkbox"/> Indwelling Type _____ Size _____ Preop Characteristics _____ Amt _____ Postop Characteristics _____ Amt _____	
Normal fluid volume will be maintained.		MONITOR IRRIGATING SOLUTIONS <input type="checkbox"/> N/A Type _____ Amt _____ MONITOR DRAINAGE <input type="checkbox"/> N/A Type _____ Amt _____	
OUTCOME MET <input type="checkbox"/> NOT MET <input type="checkbox"/>		SPONGES WEIGHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CHARTCOPY

440416 (REV. 6/97)

OR 50

OPERATING ROOM FORM 50-FT - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312747 - ITEM:10082482 - ELEM:45591462 - FLAGS:IN	

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OR50

MAINE MEDICAL CENTER
Operating Room Record
Page 3 of 3

FANTOZZI RONALD M ASU-0
043236330002 2 M NRP
MAILHOT PAUL MD DT: / /
SPM: TM: :

PROCEDURE DATE 11/11/11	OR ROOM NO.	SCHEDULED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHEDULED TIME 11:00	24 HR 6000	EST TIME 1
-------------------------------	----------------	---	----------------------------	------------------	---------------

SPECIMENS	<input type="checkbox"/> yes	<input type="checkbox"/> no
A - Routine	G - Protein	
B - F Section	H - Sugar	
C - ERA	I - Cytology	
D - Culture	J - Lymph Node	
E - Smear	K - Stone Analysis	
F - Cells	L - Cystourine	

REPORT GIVEN TO NAME / TITLE Julie / Grace UNIT 8 TIME (24 HR TIME) 1030
TRANSFERRED TO: PACU SCU Nursing Line ER NICU Xray Hemodialysis Morgue

TRANSFER STATUS: IV running O₂ Monitored Sidsails up Intubated Extremity immobilized Hips abducted
TRANSPORT: Stretcher Bed Crib Other *unconscious*

DELAYS [View](#) [Edit](#) [Delete](#)

Signature John G. Galloway

NURSE'S NOTES

1. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

Digitized by srujanika@gmail.com

QR50

CHART COPY

449418 (REV. 5/97)

OPERATING ROOM FORM 50*T - Page 3	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#:	04323633 Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312748 - ITEM:10082482 - ELEM:45591475 - FLAGS:IN	

500685.034.0015

ORSO

Maine Medical Center
Extracorporeal Shock Wave Lithotripsy (ESWL)
TREATMENT DATA FORM

FANTOZZI RONALD N ASU-0
043236330002 62 M HPR
MAILHOT PAUL MD DT: / /
SPM: _____ TM: _____

Patient Name:

Street:

ESWL: 876

City, State, Zip:

Age:

Sex:

Height:

Weight:

Phone #:

Attending Urologist:

P. Mailhot MD

Anesthesiologist:

P. Williams MD

Treatment side: Left Right Bilateral

Treatment #: 1 of 1

Anesthesia Type: General Spinal Epidural Local Other: General None

Times: Into Mobile Unit:

0920

Out of Mobile Unit:

1030

Total Time in Mobile Unit:

55.75 "

ESWL Start at:

0930

ESWL Stop at:

1030

Total ESWL Time:

60 "

Anesthesia start at:

0925

Anesthesia Stop at:

1030

Total Anesthesia:

65 "

Fluoroscopy Minutes:

12

Number of Spot Films:

KV:

121

MA:

25

Doctor Delay (minutes):

Anesthesia Delay (minutes):

Stone Localization Problem (minutes):

Describe:

Patient Medical Problem (minutes):

Describe:

Lithotripter Problem (minutes):

Describe:

Stent Problem (minutes):

Describe:

Other (minutes):

Describe:

Electrode #

10 shocks at 2 kv

Electrode #

shocks at kv

Electrode #

10 shocks at 4 kv

Electrode #

shocks at kv

Electrode #

10 shocks at 6 kv

Electrode #

shocks at kv

Electrode #

10 shocks at 8 kv

Electrode #

shocks at kv

TOTAL NUMBER OF SHOCKS: 0500

9000

Ureteral Catheterization: None Left RightPercutaneous Tube: None Left RightContrast Ab-co brandStents: None Left Right

Insertion Date: 9/19/97

Swelling: None S M LErythema: None S M LHematuria: Yes No Clots

Number of Stones: 1

ESWL Renal Stone Locations Left: Right: _____

STONE LOCATION

LENGTH (cm)

WIDTH (cm)

Pelvic

ENTRANCE PETECHIAE: None

Sm Med Lg

Few Many

Calyceal: Upper

Middle

Lower

Ureteral: Upper

Middle

Lower

16 cm 7 cm

EXIT PETECHIAE: None

Sm Med Lg

Few Many

Comments:

Allergies: NonePositioning: L-Oblique R-Oblique Prone Transgluteal ProneCompleted by: Mac Bearden

146007* White - Chart

Yellow - Physician

Pink - UMS, INC

Gold - Dept. of Surgery

2/60

OPERATING ROOM FORM 50*T - Page 4

Maine Medical Center

Printed: 08/27/03 13:55

Patient: FANTOZZI, RONALD M

MR#: 04323633

Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97

Copy For: ROI MGT GOMMR

REQ:536793 - DET:4312749 - ITEM:10082482 - ELEM:45591481 - FLAGS:IN

500685.034.0016

MAINE MEDICAL CENTER

MAINE MEDICAL CENTER

* REQUEST COPY *

OCO 8 OP

NAME FANTOZZI, RONALD M
 DOS 10/06/97 REQ NO 01233415
 READ 10/08/97 TYPED 10/10/97 10:29
 RADIOLOGIST FINEGOLD, ROBERT

PAT ID 04323633 DOB [REDACTED] /62
 REFERRED BY MAILHOT, PAUL
 TYPED BY LJM LOCATION AS
 RESIDENT FISHER, MICHAEL

+MIS+ R2790043

EXAM: KUB AND LEFT OBLIQUE, 10/6/97 74020GC

INDICATION: Prior ESWL

This study was reviewed with Dr. Finegold.

FINDINGS: Supine and left oblique views of the abdomen were obtained and there are no previous studies available for comparison. A double J ureteral stent is present on the left with the proximal tip coiled in the region of the left renal sinus and the distal tip overlying the expected region of the bladder. A 5x8mm calcific density is seen directly adjacent to the proximal portion of the ureteral stent on both projections and consistent with a proximal ureteral calculus. A 4mm calcific density is seen at the very tip of the left 12th rib that moves with the rib and is not believed to be a renal calculus. A very tiny, 1mm calcific density is seen overlying the lower pole of the left kidney on both views and could possibly represent a tiny calculus. No other calculi are seen along the ureteral stent. Some very faint calcific-type density is seen overlying the lower pole of the right kidney. Surgical sutures are seen within the right mid to lower abdomen. There is no obvious mass or organomegaly and a non-specific bowel gas pattern.

IMPRESSION: 5x8mm proximal left ureteral stone.

FINDINGS CODE: P

M.T. Fisher, M.D./R.B. Finegold, M.D.

I have personally reviewed this study, was present for any critical procedural component and agree with this report.

DICTATED BY FINEGOLD, ROBERT, M. D.
 APPROVED BY BIBER, BARBARA, M. D., FRS, CHF

Department of Radiology 1

10/16/97

22 Bramhall Street, Portland, Maine 04102-3175 (207) 871-2571

A member of the MaineHealth family

A Teaching Hospital of the University of Vermont College of Medicine

ON

RADIOLOGY RESULTS*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312750 - ITEM:10082494 - ELEM:45591518 - FLAGS:IN	

500685.034.0017

NRAR

Maine Medical Center
Nursing Services

**PATIENT HEALTH HISTORY
AND ASSESSMENT RECORD**

PATIENT NAME LABEL

Page 1 of 2

May be completed by patient or family member

INFORMATION SUPPLIED BY: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Other		<input type="checkbox"/> No Historian	Date 10/6/97	
Specify name & relationship				
Name (First, Mi, Last) Ronald M. Fantozzi		Work Phone 784-9186		
Address (Street, City, State, Zip) 40 Poland Rd Auburn, Me. 04210		Home Phone 782-3873		
Whom can we contact in case of emergency: (Name / Relationship) Debra Fantozzi wife		Phone Number 782-3873		
Why are you being admitted into the hospital? Kidney Stones				
MEDICATIONS - Include non-prescription drugs, inhalers, contraceptives, and supplements that you now take.				
Drug	Dose	How Often	Reason for Taking	
ARE YOU TAKING A BLOOD THINNER OR ASPIRIN? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
DO YOU HAVE ANY ALLERGIES? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> (If YES, check box and explain reaction below):				
<input type="checkbox"/> Food _____		<input type="checkbox"/> Latex (Rubber) _____		
<input type="checkbox"/> Medications _____		<input type="checkbox"/> Dyes / Contrast Media _____		
<input checked="" type="checkbox"/> Other (tape, etc.) Hayfever				
HAVE YOU EVER HAD A BLOOD TRANSFUSION? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If YES, please date): _____				
If yes, have you ever had a reaction?		No <input type="checkbox"/> Yes <input type="checkbox"/> (If YES, please describe): _____		
Do you require premedication prior to transfusions?		No <input type="checkbox"/> Yes <input type="checkbox"/> (If YES, describe): _____		
PLEASE CHECK THE CORRECT ANSWER:				
Do you smoke?		Amount / Day	# of Years	Quit - Date
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		Cigarettes / Pipe / Cigar		
Do you drink alcohol?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Type <u>Beer</u> <u>1/2pk/week</u> 10		
Do you use recreational drugs? (i.e. pot, cocaine)		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Type _____		
OCCUPATION / FORMER OCCUPATION <u>molder</u>				Do you plan to return to work? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
*Attends: School: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Grade: _____		Day Care: No <input type="checkbox"/> Yes <input type="checkbox"/>	Desire Tutor: No <input type="checkbox"/> Yes <input type="checkbox"/>	
HAVE YOU BEEN EXPOSED TO JOB HAZARDS? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>				Explain: <u>work on machinery with polyurethane</u>

**Pediatric patients only.*

NRAR 148069 10/96

NURSING ADMISSION REC - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#:	04323633 Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312751 - ITEM:10082470 - ELEM:45591370 - FLAGS:IN	

500685.034.0018

NRAR

Maine Medical Center
Nursing ServicesPATIENT HEALTH HISTORY
AND ASSESSMENT RECORD
HEALTH HISTORY

PATIENT NAME LABEL

Page 2 of 2

DO YOU HAVE OR HAVE YOU EVER HAD? (Check all applicable. Explain YES answers)

	No	Yes	Explain		No	Yes	Explain
Heartburn	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unsteady walk / Falls	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Thyroid problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ringing in the ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Gastrointestinal problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fractures / Dislocations	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ulcer / Rectal bleeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Arthritis / Back / Neck problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Kidney / Urinary problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Heart problems / Chest pains	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Stroke / Seizure / Severe headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heart murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Dizziness / Blackouts / Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ankle / Leg swelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hepatitis / Jaundice / Mononucleosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Blood pressure problems (high/low)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Peripheral vascular disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sexually transmitted disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Difficulty breathing / Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chronic emphysema / Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Anesthesia problems / Complications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lung problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Cold / Sore throat / Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Swallowing / Chewing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Bleeding disorders / Anemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nausea / Vomiting	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Chickenpox	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Weight gain / Loss last 6 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

PREVIOUS HOSPITALIZATION / SURGERY / ILLNESS (List most recent first): None

Date	Reason	Hospital
9/16/97	Left Ureteral Calculus	St. Mary's Hospital
2/28/97	Removal of Gall Bladder	CMHC
1987 or 88'	Crohn's Disease	CMHC

IMMUNIZATION: Tetanus? No Yes Date 1994 Flu? No Yes Date _____ Pneumonia? No Yes *CHILDHOOD IMMUNIZATION: Up to date? No Yes Recent exposure to: _____

VISION: Normal Glasses Contacts Impaired
 Cataracts Glaucoma Blind Other _____

HEARING: Normal Impaired Deaf right left
 Hearing Aid right left

DENTAL: Own Teeth Chipped Teeth Loose Teeth Poor Condition
 Brace Retainer Missing Teeth Capped Teeth
 Bridges removable permanent Dentures upper lower

ASSISTIVE DEVICES: Cane Wheelchair Walker
 Prosthesis Other 0000

FEMALES ONLY: Date of Last Menstrual Period _____ Menopause Post Menopause
 Pregnant Breast Feeding

DO YOU HAVE AN ADVANCE DIRECTIVE? (i.e., living will): No Yes
If no, have you received information on an advance directive? No Yes
If yes, did you bring it with you to the hospital? No Yes

Do you have a current copy in your medical record? No Yes

SIGNATURE (Patient / Family Member) *Ronald Fantozi* Date 10-6-97

SIGNATURE (Registered Nurse) _____ Date _____

RN to circle devices (glasses, dentures, cane) brought to hospital by patient.

*Pediatric patients only

NRAR 146069 10/96

NURSING ADMISSION REC - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMHR	REQ:536793 - DET:4312752 - ITEM:10082470 - ELEM:45591382 - FLAGS:IN	

500685.034.0019

NRAR

Maine Medical Center
Nursing ServicesPATIENT HEALTH HISTORY
AND ASSESSMENT RECORD
PATIENT ASSESSMENT - ADULTFANTOZZI RONALD M
04323633001 62 M NPA
MAILHOT PAUL MD DT: / /
SPN: TM: / /

Page 1 of 2

To be completed by the registered nurse. Vital signs, mass, and height may be delegated to other nursing staff.

PHYSICAL ASSESSMENT PARAMETERS	T	P	R	B/P	MASS	HEIGHT		
The following parameters will be considered a normal assessment. If the physical assessment is within normal limits, indicate with a checkmark (✓) in the box after the particular assessment area. An asterisk (*) in the box denotes a finding that requires further elaboration on the lines to the right.								
NEUROLOGICAL ASSESSMENT (Neuro AP): Alert and oriented to time, place, and person. Range of motion all extremities. No numbness, tingling or burning.								
CARDIOVASCULAR ASSESSMENT (Cardiovasc AP): Regular apical pulse. No edema present. Peripheral pulses palpable.								
RESPIRATORY ASSESSMENT (Resp AP): Respirations quiet and regular. Lung sounds clear bilaterally.								
GASTROINTESTINAL ASSESSMENT (GI AP): Abdomen soft. Bowel sounds active. No nausea or vomiting. Tolerates diet. Having BMs within own normal pattern and consistency.								
URINARY ASSESSMENT (Urinary AP): Able to empty bladder without dysuria or incontinence; bladder not distended after voiding; urine clear and yellow to amber; catheter functioning properly; free of vaginal / penile discharge or irritation.								
INTEGUMENTARY ASSESSMENT (Integ AP): No evidence of mouth sores or skin rashes. Skin color is within patient's norm; skin warm, dry and intact; turgor appropriate for age; mucous membranes moist and intact. Braden Scale: Score of 17 or greater.								
MUSCULOSKELETAL ASSESSMENT (Musculoskeletal AP): Absence of joint swelling and tenderness. Functional range of motion of all joints. No muscle weakness. Surrounding tissues show no evidence of inflammation, swelling, ulcerations, or rashes.								
NEUROVASCULAR ASSESSMENT (Neurovasc AP): Peripheral pulses palpable. No muscle weakness. Affected extremity is warm and movable within patient's average range of motion. No inflammation, swelling, ulceration or rashes.								
FUNCTIONAL HEALTH PATTERNS ASSESSMENT								
ACTIVITY EXERCISE								
Is assistance required in ADLs? No <input type="checkbox"/> Yes <input type="checkbox"/> (If YES, indicate areas listed below):								
Bathing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Eating	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Walking	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Dressing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Toileting	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Medications	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Comments:								
NUTRITION / FLUID								
Special Diet: No <input type="checkbox"/> Yes <input type="checkbox"/>								
Eating: No Difficult <input type="checkbox"/> Dysphagia <input type="checkbox"/> Food Intolerance <input type="checkbox"/> Change in thirst: No <input type="checkbox"/> Yes <input type="checkbox"/>								
IV site present No <input type="checkbox"/> Yes <input type="checkbox"/> Date of insertion _____ Location of Site _____ Type of device _____ Condition of site _____								
Comments:								
COMFORT / REST								
Pain / Discomfort: No <input type="checkbox"/> Yes <input type="checkbox"/> Where? _____								
Type: Burning <input type="checkbox"/> Dull <input type="checkbox"/> Pressure <input type="checkbox"/> Heavy <input type="checkbox"/> Sharp <input type="checkbox"/> Cramping <input type="checkbox"/> Other _____								
Intensity: (Circle) 0 1 2 3 4 5 6 7 8 9 10 (0 = no pain, 10 = worst)								
Duration: Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Does pain interfere with sleeping? No <input type="checkbox"/> Yes <input type="checkbox"/>								
What relieves the pain? Resting <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Medication <input type="checkbox"/> Other <input type="checkbox"/>								
Do you have a history of sleeping problems? No <input type="checkbox"/> Yes <input type="checkbox"/>								
Comments:								

NRAR 146067 10/96

NURSING ADMISSION REC - Page 3		Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97	Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312753 - ITEM:10082470 - ELEM:45591388 - FLAGS:IN		

500685.034.0020

NRAR

Maine Medical Center
Nursing ServicesPATIENT HEALTH HISTORY
AND ASSESSMENT RECORD
PATIENT ASSESSMENT - ADULT

PATIENT NAME LABEL

Page 2 of 2

PSYCHOSOCIAL ASSESSMENT

Affect / Mood: Calm Depressed Apprehensive Withdrawn Other _____

Cooperative: No Yes Coping: No Yes

Understands reason for hospitalization: No Yes

Expresses self clearly: No Yes

Has this illness / hospitalization affected your family or relationships? No Yes

Do you have financial concerns about your healthcare? No Yes

Would you like a referral to a social worker? No Yes

Are you being hurt or controlled in a close relationship? No Yes

Are there any religious, traditional, ethnic, or cultural practices that need to be part of your care? No Yes What? _____

Is there any way the hospital can assist you with your religious practices? No Yes How? _____

EDUCATION / LEARNING

Speech: Normal Problems _____

Language(s) spoken: English Other(s) _____

Memory problems: No Yes Short term: No Yes Long term: No Yes

Learning problems: No Yes

Are there any questions that you have at this time about your health care problems? _____

DISCHARGE PLANNING ASSESSMENT

Where do you plan to go when discharged? _____

Do you have someone to help you after discharge? No Yes Who? _____

Are you responsible for care of anyone else? No Yes Who? _____

Are you or others in your household currently receiving any home health services? No Yes

What Services? _____ From what agency? _____

Do you have someone to pick you up when discharged? No Yes Who? _____ Phone #: _____

REFERRALS INITIATED

Continuing Care Nurse Specialist _____ Pastoral Care _____

Nutrition Geriatric Assessment Team _____ Other _____

Social Work _____

ADVANCE DIRECTIVE FOLLOW UP

Advance directive materials given. Copy of current advance directive on chart.

Patient referred to physician for further information.

Patient does not want advance directive at this time.

PRIORITY NEEDS

10/2 My phone call instructions given to pt. Dr. Fowler

RN Signature

Date

24-hr time

If patient assessment done within 30 days prior to admission

Repeat vital signs:

736	P 80	R 20	B/P 130/74	MASS 147lb	HEIGHT
-----	------	------	------------	------------	--------

Review Patient Assessment Record for changes.

Changes: No Yes (Record specifics in the patient progress notes.)

RN Signature

Date

24-hr time

NRAR 146067 10/96

NURSING ADMISSION REC - Page 4

Maine Medical Center

Printed: 08/27/03 13:55

Patient: FANTOZZI, RONALD M

MR#: 04323633

Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97

Copy For: ROI MGT GOMMR

REQ:536793 - DET:4312754 - ITEM:10082470 - ELEM:45591397 - FLAGS:IN

500685.034.0021

NURS

Maine Medical Center
Nursing Services
PRE-OPERATIVE RECORD
Page 1 of 2

FANTOZZI RONALD M PAUB
043236330001 62 M NPR
MAILHOT PAUL MD DT: / /
SPM: TM: / /

Date:

FAMILY MEMBER TO BE NOTIFIED AFTER SURGERY

Name:

Debra FantoZZi

Relationship to Patient:

Wife

Where to be reached by Physician after surgery completed: ASX 42175 room

GENERAL PREPARATION FOR THE OPERATING ROOM**A. REMOVED FROM PATIENT****ON UNIT****IN OR****PATIENT REFUSED**

Nail Polish/Lipstick

Hairpins

Jewelry

Ring (do not tie/tape)

Dentures

Eye Glasses/Contact Lens

Hearing Aid

Other Items/Prostheses:

B. ITEMS SENT TO OR WITH PATIENT: IDENT-A-BAND in place

Medication(s): (list) _____

X-rays: _____

 MEDI-ALERT in place Religious medal(s)**C. SPECIAL PRECAUTIONS:****LOCATION:****D. TRANSFERRED WITH:** Nephrology Shunt Telemetry Vascular Access Device O2**E. INTAKE/OUTPUT:**

Last time voided _____ am/pm

 Foley Urinary DiversionNPO since 11/1**DOCUMENTATION****PLACED IN/ON CHART:** History/Physical Chest X-ray Report Patient Consent Form Labels Laboratory Report Consent for Surgical and Allergy Sticker EKG Reports

Medical Treatment

 No Allergies Old Record Consent for Anesthesia**PRE-OPERATIVE MEDICATIONS****DRUG****DOSE****ROUTE****24-HR. TIME**

Given by: _____

Signature/Title

NURS 146001 6/96

HAND WRITTEN NR RECORD - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312755 - ITEM:10082475 - ELEM:45591416 - FLAGS:IN	

500685.034.0022

NURS

Maine Medical Center
Nursing Services

PRE-OPERATIVE RECORD

Page 2 of 2

PATIENT NAME LABEL

Date: _____

MISCELLANEOUS

 Appropriate Physician Orders Discontinued Interim Summary Sent

Other comments: _____

Person responsible for discharging patient to O.R. personnel:

Alene Samuels RN
Signature/Title

Unit



HOLDING ROOM DOCUMENTATION

24-Hr. Time of Arrival: _____

24-Hr. Time of Departure: _____

Transferred To: _____

Accompanied By: _____

NURSING OBSERVATIONS

I.V. Present: Yes No 24-Hr. Time Started in Holding Room: _____

Location: _____ Solution/Rate: _____

Started by: _____

I.V. Pre-meds: _____

Voided: Yes NoPatient Status: Calm Apprehensive Other (specify) _____

Other Comments: _____

R.N.

Signature

NURS 146001 6/96

HAND WRITTEN NR RECORD - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312756 - ITEM:10082475 - ELEM:45591422 - FLAGS:IN	

500685.034.0023

DSNR

Maine Medical Center
Nursing Services
Ambulatory Surgical Unit

LITHOTRIPSY DISCHARGE INSTRUCTIONS

Page 1 of 1

FANTOZZI RONALD M	PAUB
043236330001	/52 M NPR
MAILHOT PAUL MD	DT: / /
SPH:	TM: / /

Activity:

Limit your activity to resting for the rest of the day.
No driving or working for the next 24 hours.

Diet:

Increase daily fluids by 2 quarts over what you usually drink for the next 1-2 weeks.
Advance your diet as tolerated. Small meals are suggested for the first day.

Urine:

During the next 1-2 weeks strain all of your urine through the screen provided to you.
Save all stone fragments and bring them with you to your next appointment with your urologist.

Medication:

If you have pain, you may wish to take an over-the-counter pain medication.
If this does not control the pain, you should have the pain medication prescription filled
and take as directed.

Other Instructions:**Call your physician for:**

1. Pain not controlled by the medication prescribed for you.
2. Fever above 101°F (38.3°C)
3. Shaking chills
4. Continuous nausea

If unable to reach your physician, you may report to Maine Medical Center's Emergency Department.

Follow-up Appointment:

Make an appointment to see your urologist sometime during the next 1-2 weeks regardless of how
you feel. This is to allow your urologist to see how you are doing and to review what has happened
during your stone treatment.

You may have stone fragments still in your kidney, and you may need follow-up x-rays.
Your urologist will schedule these x-rays if needed.

Physician's Name: Dr. Mailhot Phone: 783-7892

I have read and understand the above instructions.

Mrs. FantoZZi

Signature of Responsible Adult

Sal

RN Signature

DSNR 148697 5/97

Original: Medical Record

Copy: Patient

NURSING DISCHARGE SUM - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312757 - ITEM:10082459 - ELEM:45591246 - FLAGS:IN	

500685.034.0024

CHART CHECK LISTPAU ASU

HISTORY & PHYSICAL	dictated - Colleen in transcription said all set for ASU
SURGERY CONSENT	<input checked="" type="checkbox"/> Pt. will bring arm of (per Yvette@office)
ANESTHESIA CONSENT	arm of
NURSE	arm of
PRE OP ORDERS	→ <input checked="" type="checkbox"/> KUB (as outpt @ 0800 ⁰) booked by Yvette@office xray notified to send films to ASU to pt
LABS	
EKG	
CXR	
ASU POST OP ORDERS	
DISCHARGE INSTRUCTIONS	
ALLERGY STICKER	?
OTHER:	

147049*

MISCELLANEOUS REPORTS*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REO:536793 - DET:4312758 - ITEM:10082466 - ELEM:45591309 - FLAGS:IN	

500685.034.0025

Patient Name FANTOZZI, RONALD Sex M Birth Date 04/16/1962
 Address 40 POLAND RD Admit Date
 City AUBURN State ME Date Entered 09/18/1997
 Zip 04210 Soc Sec # Orig Admit Date
 Phone 207 782-3873 Ext Med Rec #
 Alt Phone Contact

Diagnosis LEFT RENAL CALCULI
 Procedure PREADMIT LEFT ESWL
 NO PREOP

Insurer
 Insurer #2

Related Date
 Primary Date 10/06/1997
 Primary Time 09:45
 Treatment Date 10/02/1997
 Case Time 00:10

Provider Phy MAILHOPA MAILHOT, PAUL R
 Ordering Phy

Patient Type AU Bed Type Code

Questionnaire N
Patient Comments

Insurance #1
Insurance #2

MISCELLANEOUS REPORTS*T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
Patient: FANTOZZI, RONALD M	MR#: 04323633	Discharged: 10/06/97 Service Dates: 10/06/97 - 10/06/97
Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312759 - ITEM:10082466 - ELEM:45591318 - FLAGS:IN	

500685.034.0026

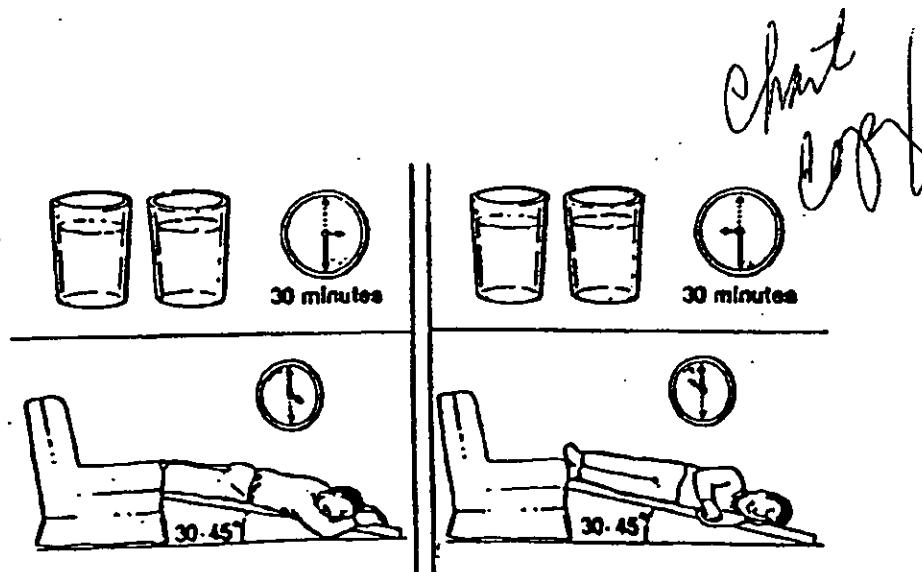
FANTOZZI RONALD M
043236330001 PAUB
MAILHOT PAUL MD 62 M NRP
SPN: DT: / /
TH: / /

POST ESWL POSITIONING

After the Extracorporeal Shock Wave Lithotripsy treatment the kidney stones are reduced to small particles ranging in size from dust to small gravel. Most of these fragments are passed out of the kidney due to the normal flushing action of the manufacturing of urine. However, sometimes dust and small fragments settle in the more dependant calyces of the kidney. We have developed a method involving drinking fluid and assuming positions that drain those parts of the kidney where fragments seem to hold up. We have been quite successful in increasing the fragment passage of many of our patients.

In order to perform the positioning procedure the patient should:

1. Drink two 8 ounce glasses of water.
2. Wait 30 minutes (otherwise the patient may experience nausea).
- 3a Lie on an inclined plane (30-45 degrees), head down face down for 30 minutes.
- 3b Lie on inclined plane (30-45 degrees), head down, affected kidney up.
4. After getting up, drink another 8 ounce glass of water.
- These steps should be followed twice a day alternating 3a & 3b.
5. When sleeping, whenever possible sleep with the affected kidney up.



DISCHARGE INSTRUCTIONS*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
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Copy For: ROI MGT GOMMR	REQ:536793 - DET:4312765 - ITEM:10082464 - ELEM:45591288 - FLAGS:IN	

500685.034.0027

<u>FOOD GROUP</u>	<u>FOODS RECOMMENDED TO USE</u>	<u>FOODS RECOMMENDED TO AVOID</u>
<u>Fruits and Fruit juices</u>	Tender cooked, canned or frozen fruits (applesauce, apricots, fruit cocktail, grapefruit, orange sections, peaches, pears, pineapple); ripe banana, fresh peeled soft peaches and pears; jellied cranberry sauce.	Avocados, coconut, dried fruits such as dried apricots, prunes, dates, fig raisins; all raw, cooked, canned or frozen fruits other than those listed as allowed; whole cranberry sauce, cherries, plums, grapes, strawberries.
	All fruit juices except prune juice.	Prune juice.
<u>Vegetable and Vegetable juice</u>	Cooked tender vegetables such as asparagus, green or wax beans, beets, carrots, spinach, summer squash, zucchini squash, (pureed) winter squash, mushrooms, smooth tomato sauce, well cooked peas, if tolerated.	All raw vegetables and all other cooked vegetables such as barley, artichokes, broad beans, broccoli, brussel sprouts, cabbage, eggplant, lentils, rutabagas, turnips, tomato sauce with seeds and/or skins or pieces of tomato, sauerkraut, dried peas and beans, lima beans.
	All Vegetable juices.	
<u>Desserts</u>	All plain cakes, pies, cookies prepared with refined flours and which do not contain seeds, coconut, nuts, dried fruits, or other restricted ingredients; plain ice cream, sherbets, custards, puddings, and cream pies when substituted as part of the milk allowance; gelatin dessert prepared with allowed ingredients, water ices; hard candies; chocolate in moderation.	All desserts and sweets made with whole grain flours or which contain seeds, coconut, nuts, dried fruits or other restricted ingredients; puddings, ice creams, and sherbets; and cream pies in excess of milk allowance; candies which contain nuts, coconut, or dried fruits.

DISCHARGE INSTRUCTIONS*T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
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ORDS

Maine Medical Center
DOCTOR'S ORDER SHEET

Name: _____

FANTOZZI RONALD M [REDACTED] 62 M
04326330001 DT: TM
MAILHOT PAUL MD
SPH: [REDACTED]

THE LABEL

Date	24-Hour Time	Or.	Action	Nurse
10/6/97		<p>Frags stable, thin 5% Legend to over as tol IV's & I.V.'s received. Re-secured Cuiras Activity and lib. Office 7 week</p> <p style="text-align: right;">Mark</p>		
10/6/97 1200		<p>May give Tylox 1-1/2 po now. Reschedule appointment p.o. Dr. Marshall</p> <p style="text-align: right;">Mark 10-6-97</p>		

Specify individual dose of medication; route, frequency and duration, if limited.

OBNS 147001 4/96

DOCTORS ORDERS*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
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CNST

PATIENT NAME LABEL

Consent for Surgical and Medical Treatment

Patient Name Ronald F. Antozzi Date _____
 Patient Number _____ Treatment Location _____

I hereby consent to and authorize the performing physician, residents and other individuals involved in this care to perform the following procedures or treatment:

ESWL URETERAL STONE

and such additional operations or procedures as are considered advisable on the basis of findings during the course of this procedure(s), including blood transfusion.

The physician performing the procedure or his designee has explained to me the purpose and benefits of, and the usual and most frequent risks and hazards involved in such procedures and treatment, including but not limited to:

HEMATURIA, PAIN IN POST-OP PERIOD, HYPERTENSION,
KIDNEY DAMAGE, INFECTION.

The physician performing the procedure or his designee also has explained to me any reasonable alternative treatments or procedures and, as appropriate, their usual and most frequent risks and hazards. I understand that I have the right to refuse any suggested procedures or treatment.

I understand that the practice of medicine is not an exact science and practitioners cannot guarantee results. No guarantees have been made to me concerning the results of the proposed procedures or treatments. I am aware that other risks such as severe loss of blood, infection and cardiac arrest exist with the proper performance of any treatment or procedure.

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT DATE

10-2-97

If the patient is a minor or is unable to give informed consent, the following must be completed:
 The patient is unable to sign this consent form for himself or herself because

SIGNATURE OF PHYSICIAN OR DESIGNEE DATE

SIGNATURE OF PATIENT REPRESENTATIVE DATE

IDENTIFICATION OF BLOOD RELATIONSHIP OR AUTHORIZED CAPACITY TO CONSENT

If consent is obtained by telephone, the following must be completed:

1) Consent obtained by telephone ; check if yes.

2) Name of person giving consent and relationship to patient: _____

3) Name of third party witness: _____

4) Signature of third party witness: _____

5) Signature of Physician/Designee: _____

CONSENT FORM*T - Page 1	Maine Medical Center	Printed: 08/27/03 13:55
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500685.034.0030

Ronald Fantozzi

PAUL R. MAILHOT, M.D.
287 MAIN STREET, SUITE #300
LEWISTON, ME 04240
(207)783-7892

INFORMED CONSENT FOR ESWL

Extracorporeal Shock-Wave Lithotripsy (ESWL) is a noninvasive method for the treatment of renal and ureteral stones. This method has now been in clinical use for eight years and the majority of stones located in the upper urinary tract are potentially eligible for this noninvasive procedure. The lithotripter generates shockwaves under water that pass through the soft tissue of the body and are concentrated upon the stone. This high energy source is likely to pulverize the stone into small particles the size of sand or gravel. Most patients will pass these particles spontaneously in their urine during the weeks following a lithotripsy treatment. Anesthesia may be required for ESWL, as shockwave therapy with the current FDA approved devices can be painful. Some flank pain may be anticipated for several days following the lithotripsy treatment. Most patients will have bloody urine for several days or perhaps weeks following the treatment as the particles pass. It is even possible that a patient could experience obstruction of flow of urine by large fragments following lithotripsy treatment and this might necessitate cystoscopic or surgical intervention. The placement of a double-J stent prior to lithotripsy treatment may help to eliminate this possibility.

Other possible side-effects include anemia, nausea and vomiting, and in rare incidences hematomas involving the kidney. The occurrence of new onset hypertension is controversial. Most investigators do not currently feel there is enough evidence to support a causal relationship between ESWL and new onset hypertension.

The obvious advantage to lithotripsy treatment is that it obviates the need for surgical treatment in a large percentage of patients. Certain types of stones, however, may not be pulverized with lithotripsy treatments and may require other procedures to eliminate these stones. These other procedures include: percutaneous removal, ureteroscopy, and rarely open surgery.

Following the lithotripsy treatment, follow-up x-rays and renal ultrasounds will be obtained to assess the passage of stone particles. If a stent has been placed prior to the lithotripsy treatment, this will be removed when most of the particles have passed. Repeat ESWL procedures may be necessary if large fragments remain or are not well pulverized.

I understand the above information and agree to proceed with extracorporeal shockwave lithotripsy as outlined by Dr. Mailhot.

Ronald Fantozzi
Signature

10-2-97
Date

Julie D.R.
Witness

Paul R. Mailhot
Paul R. Mailhot, M.D.

CONSENT FORM#T - Page 2	Maine Medical Center	Printed: 08/27/03 13:55
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CNST

Maine Medical Center
PATIENT CONSENT FORM

FANTOZZI RONALD M
043236330001
MAILHOT PAUL MD
SPN: 62 M MPR
PAUB
DT: / /
TH: / /

Date: _____

I. CONSENT TO TREATMENT

I, _____, am presenting myself/my _____ to the Maine Medical Center for evaluation or treatment of an injury or illness. I hereby consent to and authorize Maine Medical Center, its physicians, residents, interns, employees, and other individuals involved in this care to administer such diagnostic procedures or treatment or both as may be advisable to evaluate and treat such injury or illness.

I understand that the physician or surgeon responsible for this care has the responsibility to explain to me the purpose of, benefits, and the usual and most frequent risks and hazards involved in the diagnosis and treatment of any illness or injury as well as alternative courses of treatment. I further understand that I have the right to refuse any suggested examinations, tests or treatment.

I understand that Maine Medical Center is dedicated to teaching, that authorized trainees may observe and assist in diagnosis and treatment, and that photography for the purpose of diagnosis, teaching, and documentation may be taken. I reserve the right to give specific permission for publication of any photograph which personally identifies me.

Alene Lambeau, R.N. *X Ronald M. Fanto*, _____, 10/6/97
WITNESS PATIENT OR AUTHORIZED REPRESENTATIVE DATE

Witnessed personally Witnessed via telephone

II. RELEASE OF INFORMATION

I authorize the Maine Medical Center to release information to other health care institutions, organizations or facilities who may consider providing any post-hospital care.

I also authorize Maine Medical Center to release information contained in the medical record, including photocopies of the history and physical, physician progress notes or discharge summary, unless they contain information recognized by state and federal law as requiring my specific written consent, to my insurance carrier(s) or other third parties paying for this care, including my employer. I understand that I may revoke this authorization at any time should I desire by notifying the Director of Medical Record Services in writing.

I further understand that if I refuse to authorize the release of such information, then such refusal may cause payment by others to be delayed or denied and I will be financially responsible for such services.

Alene Lambeau, R.N. *X Ronald M. Fanto*, _____, 10/6/97
WITNESS PATIENT OR AUTHORIZED REPRESENTATIVE DATE

III. PAYMENT AND/OR ASSIGNMENT OF BENEFITS

I understand that I am responsible for payment of all charges associated with this hospitalization. I further understand that I am financially responsible in the event that payment is denied or rejected by my health insurance carrier(s) or third parties and for those charges not covered by the policy benefits as deductible and co-insurance or otherwise not covered by this assignment. I hereby assign to Maine Medical Center a sufficient amount of all money to which I may be or become entitled to as a result of this hospitalization and further authorize payment from my health insurance carrier(s) or other financially responsible third parties directly to Maine Medical Center to the extent necessary to pay for this hospitalization.

Alene Lambeau, R.N. *X Ronald M. Fanto*, _____, 10/6/97
WITNESS POLICY HOLDER DATE

144010 11/91

CONSENT FORM*T - Page 3	Maine Medical Center	Printed: 08/27/03 13:55
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CNST

Maine Medical Center

PATIENT ANESTHESIA CONSENT FORM

Page 1 of 2

FANTOZZI RONALD M	PAUB
043236330001	62 M NPR
MAILHOT PAUL MD	DT: / /
SPM: _____	TM: : :

- Consent.** I hereby consent to and authorize the performing physicians of the Anesthesia Department, residents and other individuals involved in my care, to administer anesthesia, perform invasive monitoring and administer blood or blood products, including transfusion, as appropriate for my proposed surgery.
- Planned Anesthetic Techniques.** The following anesthetic technique(s) are planned for my procedure and have been explained to me by Dr. (initials), who has also explained the reasonable alternative techniques and, as appropriate, their usual and most frequent risks and hazards:
 - General anesthesia induced by either an injection in my vein or the breathing of a gas or both, and which may involve the use of a breathing tube in my windpipe or other breathing device.
 - Spinal/epidural anesthesia whereby a portion of my body is numbed by the injection of drugs through a needle inserted into the appropriate space in my back.
 - Sedation/monitored anesthesia care induced by either an injection in my vein or the breathing of a gas or both.
 - _____ block whereby a part of my body is numbed by an injection of drugs around an appropriate nerve.
 - Epidural, spinal or caudal pain relief whereby pain is reduced by infusing drugs into a catheter or needle placed in the appropriate space before or after surgery or childbirth.
 - _____
 - _____
- Other Techniques.** I am aware that unforeseen problems may arise prior to or during the management of my anesthetic which may require the use of additional or different techniques. If a change is advisable on the basis of findings, I hereby request and authorize the use of additional techniques, procedures and treatments as are considered advisable by the performing physician.
- Usual and Most Frequent Risks and Hazards.** I have been informed of the usual and most frequent risks and hazards inherent in the proposed anesthetic, including but not limited to the following:
 - General Anesthesia/Sedation: Nausea, vomiting, damage to teeth including chipping and cracking, drug reactions, sore throat, hoarseness, muscle soreness, changes in blood pressure, _____
 - Regional Anesthesia (Spinal, epidural, _____ block): Pain, bleeding, infection, temporary or permanent nerve damage, numbness or loss of feeling, headaches, drug reactions including seizure, back soreness, changes in blood pressure, _____
 - _____

I am aware that these are the usual and most frequent risks and hazards. I am also aware that other risks and hazards are possible, some of which may be life threatening.

Continued on other side

CNST 144020 4/97

CONSENT FORM*T - Page 4	Maine Medical Center	Printed: 08/27/03 13:55
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CNST

Maine Medical Center

PATIENT ANESTHESIA CONSENT FORM

Page 2 of 2

PATIENT NAME LABEL

5. **No Guaranty.** I am aware that the practice of medicine and surgery, including anesthesia, is not an exact science and I acknowledge that NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF MY ANESTHETIC TREATMENT OR PROCEDURE.

Ronald M. Fantozi
Signature of Patient

Date

Samuel M. M. 10-06-97
Signature of Physician or Designee

Date

If the patient is a minor or is unable to give informed consent, the following must be completed:

The patient is unable to sign this consent form for himself or herself because: _____

Signature of Patient

Date

Signature of Physician or Designee

Date

Identification of Blood Relationship or Authorized Capacity to Consent _____

If consent is obtained by telephone, the following must be completed:

Name of person giving consent and relationship to patient: _____

Name of third-party witness (please print): _____

Signature of third-party witness

Signature of Physician/Designee

CNST 144020 4/97

CONSENT FORM*T - Page 5	Maine Medical Center	Printed: 08/27/03 13:55
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